FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* DODD FRED THOMAS JR						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) 830 CRESCENT CENTRE DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 03/19/2012										r (give title		Other (s below)	specify		
SUITE 610							If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) FRANKLIN TN 37067														filed by One Reporting Person filed by More than One Reporting n								
(City) (State)		tate)	(Zip)																			
		Tab	le I - Nor	ı-Deri	vativ	e Se	curitie	s A	cqu	ired, D	isp	osed o	f, or	Ben	eficiall	y Owne	d					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da						Execution Date,			e,	e, Transaction Dispose Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 and			Benefi Owned	ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	,	Amount	(A) or (D) Pr		Price	Report Transa (Instr. :	ed ction(s) 3 and 4)			(Instr. 4)			
Common	Stock			03/1	9/201	2				A		3,250	(1)	A	\$0	10	8,989		D			
		-	Гable II -									sed of, onvertib				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	Code (I		of E		Exp	ate Exerc iration Da nth/Day/Y	ate		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price o Derivative Security (Instr. 5)		e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisable		xpiration ate	Title		Amount or Number of Shares							
Employee Stock Option (right to	\$15.96	03/19/2012			A		3,250		03/1	19/2013 ⁽²⁾	0	3/19/2022	Comr		3,250	\$0	3,25	0	D			

Explanation of Responses:

- 1. The shares will vest over a 4-year period in equal annual installments beginning March 19, 2013.
- $2. \ The \ options \ will \ vest \ over \ a \ 4-year \ period \ in \ equal \ annual \ installments \ beginning \ March \ 19, \ 2013.$

/s/ Fred Thomas Dodd, Jr. 04/06/2012

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.